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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	105	Application No.	09/842,559
		Filing Date	April 25, 2001
		First Named Inventor	Mark Rumer
		Group Art Unit	2663
		Examiner Name	Min Jung
		Attorney Docket Number	5166P008
			OCT 28 2002

RECEIVED

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px;">Copy of six (6) references; Return Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Raul D. Martinez, Reg. No. 46,904 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 18, 2002

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box IDS, Assistant Commissioner for Patents, Washington, D.C. 20231 on:

October 18, 2002

Typed or printed name	Lillian E. Rodriguez		
Signature		Date	October 18, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete if Known</i>	
Application Number	09/842,559
Filing Date	April 25, 2001
First Named Inventor	Mark Rumer
Examiner Name	Min Jung
Group/Art Unit	2663
Attorney Docket No.	5166P008

METHOD OF PAYMENT (check one)

Check Credit card Money Order Other Non

Deposit
Account
Number 02-2666

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayment!

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Description
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
SUBTOTAL (1)			(S)	

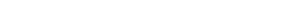
•2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	13	20** = 0	X 18.00	= \$0.00
Independent Claims	3	3** = 0	X 84.00	= \$0.00
Multiple Dependent				

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple Dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent.

*or number previously paid, if a meter. For Reissues, see below.

SUBMITTED BY

Name (Print/Type)	Raul D. Martinez	Registration No. (Attorney/Agent)	46,904	Telephone	(310) 207-3800
Signature				Date	10/18/02

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